

CLAIMS ONLY							Application Number 10/612650		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51			
2		/		/			52			
3		/		/			53			
4		/		/			54			
5	/		/				55			
6		/		/			56			
7		/		/			57			
8		/		/			58			
9		/		/			59			
10		//		/			60			
11		/		/			61			
12	/		/				62			
13	/		/				63			
14	/		/				64			
15	/		/				65			
16	/		/				66			
17	/		/				67			
18	/		/				68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	9		9				Total Indep			
Total Depend	9		9				Total Depend			
Total Claims	18		18				Total Claims			